# **EXHIBIT F**

# **Marianne Kelly**

# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

	03-md-1570 (GBD)(SN)
In re Terrorist Attacks on September 11, 2001	ECF Case
This document relates to:	18-cv-12337 (GBD)(SN)
Gaston, et al. v. The Islamic Republic of Iran	ECF Case

# DECLARATION OF MARIANNE KELLY

- I, Marianne Kelly, pursuant to 28 U.S.C. § 1746, do hereby declare under penalty of perjury as follows:
- 1. I am more than eighteen (18) years of age and I have personal knowledge of and am competent to testify to the matters stated in this declaration.
  - 2. I was a citizen of the United States on September 11, 2001, and I remain so today.
- 3. On September 11, 2001, I was a police officer with the New York City Police Department (NYPD) assigned to the Deputy Commissioner for Community Affairs. It was an election day in New York and I was assigned to monitor one of the polling places that afternoon. That morning, I went for a run with my husband. He decided to take the car and return home while I continued. Almost immediately, he returned to pick me up. He told me that he had heard on the radio that a plane had hit the WTC. We quickly returned to our home.
- 4. My sister's husband worked for Cantor Fitzgerald in the North Tower of the WTC. I went to her house to be with her. I spent the first three days after the attacks with my sister. I took her down to Ground Zero to the viewing area where she could witness the rescue and recovery efforts that were underway. After those first few days, I was assigned to work with people who lost loved ones, helping them to navigate a myriad of agencies that had been set up to help the

victims' families, escorting them to the viewing area at Ground Zero, and providing any other assistance we could through NYPD.

- 5. I was at Ground Zero every day, five days a week, for six months following the attacks. As a police office, in the course of my duties, I had been exposed to situations in which bodies had been burned. Ground Zero smelled like burning flesh. I wore no personal protective equipment during the days I was at Ground Zero and generally worked sixteen-hour shifts.
- 6. I do not recall when I first noticed any health-related issues from my exposure to the 9/11 site in the months following the attacks. I know that the therapy sessions I attended were very important for me. I attended "Tuesday Morning" therapy for two years. I did not begin medical monitoring with the World Trade Center Health Program (WTCHP) until many years after 9/11. My husband was already in the program and I was encouraged by a friend at the police department to get enrolled. I began the monitoring program in 2015. In 2017, I was diagnosed with squamous cell carcinoma on the skin just below my collarbone. The carcinoma was approved for treatment by the WTCHP as causally connected to my exposure to at Ground Zero. Mohs micrographic surgery was performed to remove the cancer cells. I continue to be monitored by the WTCHP. Most recently, in May 2025, I was diagnosed with Stage 1 breast cancer. I am scheduled for surgery on July 25th. The WTCHP also certified breast cancer for treatment as causally connected to my exposure to toxins following the attacks.
- 7. I pursued a claim with the Victim Compensation Fund (VCF) and was found eligible for compensation for squamous cell carcinoma of the skin. A true and correct copy of the VCF eligibility determination letter and the WTCHP certification letter documenting the physical injuries I suffered as the result of the attacks on 9/11 is submitted with this declaration as part of this exhibit.

I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct.

DATED this // day of July, 2025.

Declarant Marianne Kelly



April 14, 2020

#### MARIANNE KELLY

#### Dear MARIANNE KELLY

The September 11th Victim Compensation Fund ("VCF") has reviewed your claim for eligibility. Your claim number is VCF0028594. Your claim form was determined to be substantially complete on April 13, 2020. As stated in the regulations and on the claim form, by filing a substantially complete claim form you have waived your right to file or be a party to a September 11th-related lawsuit.

### The Decision on your Claim

The VCF has determined that you meet the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, you have been found eligible for the following injuries:

### SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

#### What Happens Next

If you have been certified for treatment by the WTC Health Program for a condition not listed above, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.

If you believe you have eligible injuries that are not being treated by the WTC Health Program and you would like the VCF to consider those injuries before calculating your award, you should amend your claim. If you choose to amend your claim, you must first seek certification for the condition(s) from the WTC Health Program. Seeking certification for your condition provides the VCF with the necessary evidence that the condition is eligible for compensation. Please note, however, that because additional certifications do not necessarily



impact the amount of your award, we recommend that you wait to receive your award letter to determine whether to seek certification for any additional condition(s).

If you do not have injuries other than those listed above, you should submit the compensation section of your claim form and the required supporting materials if you have not already done so. If you have already submitted this information, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

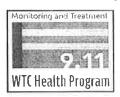
If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya Special Master September 11th Victim Compensation Fund

cc: NOAH KUSHLEFSKY

WTC Health Program PO Box 7002 Rensselaer, NY 12144



Marianne Kelly



Re: 911078859

06/25/2025

# Dear Marianne Kelly:

This letter is to inform you that after reviewing medical information provided by the Long Island Clinical Center of Excellence (SUNY), the World Trade Center (WTC) Health Program has certified the following health condition(s) as covered for treatment benefits:

	Condition Category on List of WTC-Related Health Conditions*	Certification Category or Injury
6/3/2025	Cancer	Malig Neoplasm Lower-outer Quad Rt Female Breast

<sup>\*</sup> As listed in the James Zadroga 9/11 Health and Compensation Act of 2010 and/or 42 C.F.R. § 88.15

Our records also indicate that you are currently certified for the following health condition(s) as covered for treatment benefits:

	Condition Category on List of WTC-Related Health Conditions*	Certification Category or Injury
2/20/2018	Cancer	Squamous Cell Carcinoma Of Skin, Unspecified

<sup>\*</sup> As listed in the James Zadroga 9/11 Health and Compensation Act of 2010 and/or 42 C.F.R. § 88.15

The WTC Health Program will only provide payment for medically necessary treatment(s) authorized by your WTC Health Program physician for your certified health condition(s) by a WTC Health Program participating provider.

If you would like more information or believe that a health condition is missing, incorrect, or should be removed, please discuss this with the Long Island Clinical Center of Excellence (SUNY) at 631-855-1200. If the information in this letter is correct, no further action is necessary.

If you have any other questions, you may contact the WTC Health Program at 1-888-982-4748 Monday through Friday, 9 AM to 5 PM (Eastern Time Zone).

Sincerely,

John Howard, M.D.,

Administrator, World Trade Center Health Program

Copy to: Director, Clinical Center of Excellence